Interview Guide
for Agents and Assisters
October 2017

KENTUCKY HEALTH BENEFIT EXCHANGE
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This guide is designed to provide Insurance Agents and Assisters with important information during each step of the Self-Service Portal (SSP) application process. Insurance Agents and Assisters can use this guide when they are helping an individual with an application to make sure all the critical components are captured correctly.

Using the Interview Guide
The links in the table of contents can be used to navigate throughout the document.

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1. Before Starting an Application

Overview

Insurance Agents and Assisters facilitate the application and enrollment process for individuals. In most instances, Insurance Agents and Assisters are the initial point of contact when individuals begin identifying health coverage needs.

On the benefind SSP, individuals are able to apply for MAGI Medicaid and KCHIP.

Information to Collect before Starting an Application

The table below contains the information that will be helpful to have available during the application process.

Information	Examples of Documentation
Contact Information	• Email ID/Password • Mailing/Permanent Address • Proof of Residence (utility bill) • Phone Number • Date of Birth
Individual Identification	• Social Security Card • Immigration Documents (I-9 if available) • Government Issued ID such as Driver's License • Birth Certificate
Household Information	• Names • Date of Birth • Social Security Numbers of all persons in household • • Proof of Marriage (if married)
Proof of Income	• W-2 forms, • Last year's tax return, • Pay stubs from previous 2 months • Proof of unearned income (SSI or Disability check stub) • Other Proof of Income
Expense Information	• Alimony (if alimony is paid) • Student Loan Interest Payment • Teacher Expenses (if a school teacher) • School Tuition and Fees
Current Insurance Cost	• Health Insurance Card • Premium Bill
Work Information	• Employer Identification Number (EIN) located on the W-2 form • Business Name • Work Address • Work Phone Number • Work's Health Plan (if employer offers coverage)

Personal Exemptions

Under the Affordable Care Act (ACA), individuals must have Minimum Essential Coverage (MEC). This includes health coverage through KHBE, job-based coverage, Medicare, Medicaid, Kentucky Children's Health Insurance Program (KCHIP), Veterans' coverage, and certain other coverage.

Though there may be tax penalties for individuals who do not enroll in coverage, other individuals may be exempt from the individual federal requirement to purchase health insurance. Insurance Agents and Assisters should consider whether the individual they are helping may qualify for an exemption. Individuals who qualify for an exemption may fall into one of the below categories:

Exemption	Definition
Religious Conscience	Members of a religious sect that is recognized as conscientiously opposed to accepting any insurance benefits.
Healthcare Sharing Ministry	Healthcare sharing ministries help share the cost of health insurance but do not provide it.
Native American Tribe	Member of a federally recognized Native American tribe.
No Filing Requirement	An individual's household income is below the minimum threshold for filing a tax return.
Short Coverage Gap	An individual went without coverage for less than three consecutive months during the year.
Hardship	An individual has suffered hardship that makes him or her unable to obtain coverage.
Unaffordable Coverage Options	An individual can't afford coverage because the minimum amount for the premiums is more than 9.56% percent of household income

Incarceration	An individual is in jail, prison, or similar penal institution or correctional facility after the disposition of charges.
Not Lawfully Present	An individual is neither a U.S. citizen, a U.S. national, nor an alien lawfully present in the U.S.

For more information about penalties and exemptions, you can visit www.IRS.gov/aca or use the www.healthcare.gov/exemptions-tool.
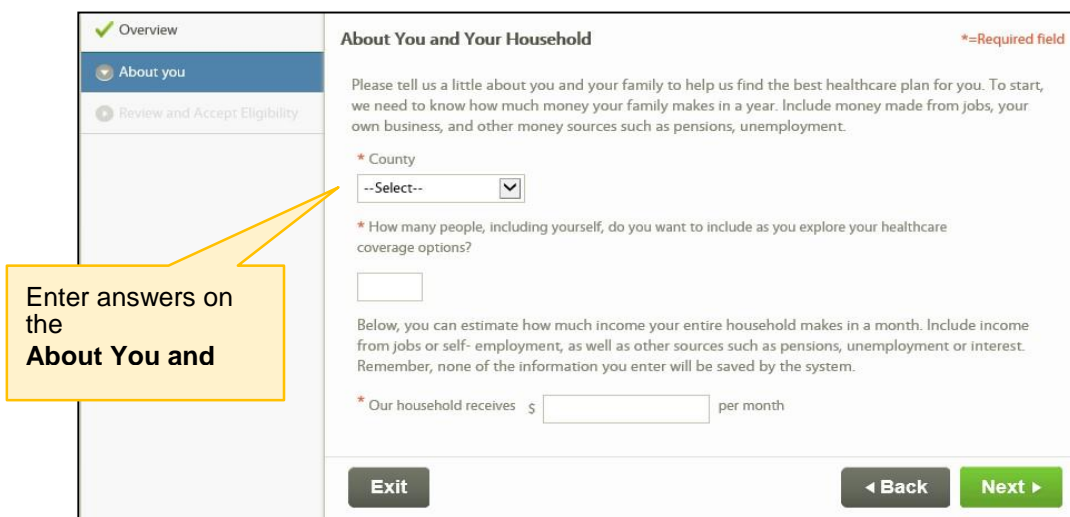
2. Pre-Screening

Overview

Pre-Screening is a tool that Insurance Agents, Assisters, and individuals can access before beginning an application. Pre-Screening can be accessed through the **Individuals and Families** tab on the **benefind.ky.gov** homepage. It is completely anonymous and the information that is entered is not saved or carried over to an official application. Pre-Screening allows individuals to see what they may be eligible for based on various factors such as cost, household size and income.

Entering Information

The following steps provide a high-level description of the Pre-Screening process.

1. The first screen to complete during the Pre-Screening process is the **About You and Your Household** screen. On this screen, individuals must select the county that they live in, how many people are applying for coverage, and the monthly household gross income (before taxes).

Enter answers on the **About You and**

2. The next screen is the **Build Your Household – Household Members** screen. The fields that appear on this screen depend on the number of household members that were entered on the previous screen. These fields include name, age as of the next birthday (to predict coverage costs for the following year), gender, and tobacco usage.

Begin to enter additional information about

3. The third screen requests additional information about each individual in the household. This screen asks questions about caretakers for children in the household, long-term care services, Supplemental Security Income (SSI), pregnancy, and health insurance from jobs.
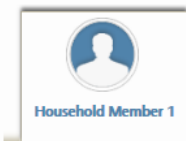
Continue to enter information about household members.

1. The fourth screen requests additional information about each individual in the household. This screen asks questions about disability, brain injury, and other assistance needs.

Interpreting Results

The **Your Results** screen displays the potential eligibility determination for each individual in the household. This screen displays Not Eligible or Potentially Eligible for the following coverage types:

- Medicaid
- Kentucky Children's Health Insurance Program (KCHIP)
- Payment Assistance
- Health Insurance Plans

It is important to keep in mind that the eligibility determinations that appear are not final. Eligibility determinations may change when individuals provide more detailed information during the formal application process.

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Your Results

We looked at what you told us today to see if you might be able to get help from Medicaid, KCHIP, or healthcare payment assistance. You will have to apply for these programs to get a final answer about benefits. We will let you know how to do that. Keep in mind that you always have the right to apply for these benefits.You can apply even if the website says that you do not qualify. We urge you to apply for healthcare coverage even if you cannot get help with the cost.

Your Eligibility Determination

Household Member 1		
Medicaid		Not Eligible
KCHIP		Not Eligible
Payment Assistance		Not Eligible
Health Insurance Plans		Potentially Eligible

HealthCare.gov

Click here if you or anyone in your household is potentially eligible for Payment Assistance, Health Insurance Plans, or Payment Assistance with Special Discounts

? Get Help

Click here if you or anyone in your household would like to get help from people in Kentucky trained to help you enroll.

Exit   Restart   Apply Now

3. Individual Account Setup

Step-by-Step Instructions

The application process has been developed so that the screens that appear are easy to use and navigate through. However, individuals may require additional assistance from Insurance Agents and Assisters when setting up their accounts. If an individual has questions about setting up their account, the following instructions can be used to assist them:

1. Go to www.benefind.ky.gov.
2. Click on the **Individuals and Families** tab.
3. Click **Let's Get Started**.
4. Click **Create an Account**.
5. Complete all mandatory fields and answer the security questions. Be sure to write down or memorize these answers. This process creates a Kentucky Online Gateway (KOG) account for individuals, which is the first step in gaining access to the SSP.

Complete all mandatory fields and answer the security questions. Fields that are mandatory are denoted with a red asterisk.

6. Instruct individuals to check their email for the verification link.

7. Instruct individuals to answer the security questions from step 5 and click **Verify Account**.

Kentucky Online Gateway **UAT** Help | English ▼

Validate New Account

To verify your identity, please answer the following security question(s).

Question   In what city were you born? (Enter full name of city only)
*Answer   dallas

Question   What was the name of your first pet?
*Answer   puppy

Verify Account

> Answer security questions from step 5.

8. Instruct individual's to click on the **STEP 2** link to proceed.

Kentucky Online Gateway **UAT** Help | English ▼

Validate New Account

Success
You have successfully completed Step 1 of creating your account. You need to complete remaining steps before you can get access to your application. Please click STEP 2 to proceed further.

> Click **STEP 2**.

9. Instruct individuals to enter their username and password to proceed. Note that there are additional verification requirements for first-time users.

After creating an account and accepting the terms and conditions, individuals are redirected to the screen below. On this screen, they can choose to enter the **Marketplace for Individuals and Families**.

   10. Click the button to **Visit the Marketplace for Individuals and Families**.

Individuals are taken to their Individual Dashboard.

11. Inform individuals to click **Start an Application** to begin the application process.

Identity Proofing – why is Identity Proofing important?

As an Agent or Assister, it is important that you verify an individual's identification during the application process. Identity proofing is a federal requirement and a necessary step included in facilitating enrollment. The information provided to KHBE is sensitive Personally Identifiable Information, requiring a rigorous online verification process. Determining eligibility involves sensitive federal and state data, and KHBE must verify individuals' identities before granting them full access to the system.

There are different processes for verifying an individual's identity if the individual is completing their application with an Agent or Assister over the phone or in person. It is important that Agents or Assisters perform the correct steps when they are assisting individuals with their applications. For instructions on how to complete those processes, please refer to the **Kentucky Online Gateway (KOG) Quick Reference Guide**.

4. Application Intake

Tips for Entering Information

- Do not use the same email for an individual account and an employer account.
- The first person entered on the application becomes the Primary Applicant. Always enter the individual who you want to become the Primary Applicant first (preferably an adult).
- On the **Basic Information** screen, be sure to enter all required fields such as **First Name**, **Last Name**, **Date of Birth**, and **Gender**. There is also a field to enter the individual's Social Security Number (SSN). Although this information is not required at this stage of the process, you should request that the individual provides their SSN to avoid additional verification steps later.

Household Information

As you start the application, you are directed to a screen with questions about the individual's household.

It is important to note that "household" does not mean "family" or those who live together in a single home. The household composition is based solely on the applicant's tax filer status. Individuals that are in the same tax household can apply as separate individuals or together as a single group. However, it is important to note that tax filing status may affect the total benefits received. During the application process, you should provide information for all household members, even if those members are not going to be applying for coverage through benefind.

For all members of the household, the system requires that an individual provides:
- Name
- Date of Birth
- Race
- Nationality
- Ethnicity
- SSN
- Citizenship

Additional information needs to be provided for household members who fall into one or more of the following categories:

- American Indian or Alaskan Native
- Incarcerated
- Disabled
- Pregnant
- Non-Custodial Parents
- Involved in other KHBE cases

The Household Information portion of the application process also contains a question for determining the relationships between members of the household. You will need to input this information and also indicate whether individuals are parents or caretakers for any members of the household.

Tax Details

An individual's expected tax household for the upcoming plan year is used to determine who is included in their household.

- If an individual plans to files their own taxes in the upcoming plan year, they are viewed as one household. If individuals plan to file taxes jointly, they are in the same household.
- If an individual plans to claim dependents on their taxes, those dependents are counted in the same household as the individual.
- Similarly, if an individual is claimed as a dependent on someone else's taxes, they would be included in the other person's household and not have their own household.
- Individuals can file as a Head of Household, single, married filing jointly, married filing separately, or qualified widow(er) with dependent child. An individual may only be considered a tax dependent on one tax return.
- Same-sex married couples who plan to file taxes jointly must select married filing jointly in benefind.

Income

After providing information about the members of an individual's household, you are directed to screens for determining household income. Current income from all taxable sources is used to project the household's income for the upcoming plan year. Individuals must complete the household income section in order to be considered for Medicaid or KCHIP.

The categories for household income include:

Income Type	Definition	Information to Provide
Job	Income of members who are not self-employed.	• Employer Name • Employer Contact Information • Employer Healthcare Options
Self-Employment	Individual owns their own business or is self-employed in some capacity.	• Type of Work • Net Income
Other Income	Includes the following: • Social Security • Pensions • Military Service • Disability Payments	• Proof of Other Income
Expenses	Household expenses that can be deducted from a tax return.	• Tax Information

If individuals are eligible for Non-MAGI Medicaid, they will need to enter additional information about resources. The following types of resources are asked about:

- Liquid resource
- Vehicles
- Life insurance
- Pre-arranged funeral contract
- Real estate property
- Annuity
- Trust
- Burial insurance
- Burial funds
- Promissory note or land contract
- Life estate
- Lifetime care agreements
- Partnership qualified long-term care (LTC) policy

For more information on these resources, please refer to the **Navigational Guide.**

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Countable and Non-Countable Income

The following table lists the types of countable and non-countable income used to determine eligibility. The income of dependents should only be counted if the dependent is required to file taxes.

Countable Income	Non-Countable Income
Wages, salaries, tips, bonuses, awards	Veteran's disability benefits
Interest income (taxable and non-taxable)	Veteran's education benefits
Ordinary dividends	Child support received
Alimony Received/Spousal Support	Worker's compensation
Business Income	SSI benefits
Capital gains	TANF benefits
IRA distributions	Foster care and Adoption Assistance
Pensions and annuities	Military allowances
Rental Income	Education scholarships, awards,
Royalties	Social Security benefits of dependents
Partnerships/S-Corporations	Wages of minors
Trust Income (as reported on 1040, line 17)	Employer contributions to certain
Farm Income	Black Lung benefits
Unemployment compensation	

Social Security benefits (taxable and non-taxable)	Cash rebates from a dealer or manufacturer
Railroad Retirement	Work study income
Gambling Winnings	Refugee cash assistance
Jury Duty payments	Native American benefits and payments
Foreign earned income	Income from a sponsor for a sponsored immigrant
Lump sum income (retro Social Security/Railroad Retirement)	Fringe benefits provided on a pretax basis by an employer
Oil leases/mineral rights	Loans
Waiver payments issued to individual care providers received for a non-household member (related or non-related)	Waiver payments issued to individual care providers received for a household member (related or non-related)
Income derived from gifts/inheritances	Gifts and inheritances
Any remaining portion of a lump sum payment awarded for wrongful death, personal injury, damages, or loss of property not excluded for tax purposes	Any portion of a lump sum payment that is awarded for wrongful death, personal injury, damage, or loss of property
State agency payments received for child care	Earned income tax credits
Other income include on 1040, line 21	Employer reimbursement for mileage, meals, etc.

Associating an Insurance Agent or Assister to an Account

After beginning an application and answering basic eligibility questions, you will be directed to a series of screens with the option to elect an Authorized Representative, an Insurance Agent, or a Assister to the case.

The **About Your Insurance Agent or Assister** screen allows you to search for Agents and Assisters and provides their contact information.

1. To add an Insurance Agent or Assister, select **Yes** to "Would you like to assign an Insurance Agent to help you?" or "Would you like to assign a Assister to help you?"
2. Available Insurance Agents or Assisters are randomly generated unless you enter a specific individual or organization in the search fields.
3. Select the circle beside the Insurance Agent or Assister name and click **Add** (a notification will be sent to the Insurance Agent or Assister to inform them that they have a new client).

It is important to note that individuals may wish to appoint legal representatives or proxies that can act on their behalf. The **Authorized Representative** section provides individuals with this option. Insurance Agents and Assisters should not appoint themselves as an individual's Authorized Representative as it may create a conflict of interest.

5. Uploading Verifications

Overview

When assisting an individual for the first time, you must verify their identity. During the online application process, individuals are asked to provide various forms of identification to KHBE. You are strongly encouraged to upload identity verification documentation before you submit their application.

Identity Verification Forms

Some individuals may be required to provide additional forms of verification to confirm their identity. Below is a table of some of the forms that individuals can use to verify the information they provide during the application process.

Note: Not all individuals need to provide the below verification forms. Many of these categories apply only to certain individuals.

Information	Form of Verification

Age	• Birth Record • Driver's License • Hospital Birth Record • Newspaper Clippings • Religious Record • School Record • Government Issued ID
Payment Assistance Income Verification	• Award Letter • Court Documents • Written Statement for Income or No Income • Employer Statement • Income Tax Return • Letter from Tribe about Income • Loan Contract • Written Income Statement • Trust • Wage Stubs
Earned Income	• Award Letter • Court Documents • Written Statement for Income or No Income • Employer Statement • Income Tax Return • Letter from Tribe about Income • Loan Contract • Written Income Statement • Trust • Wage Stubs

Information	Form of Verification
Lawful Presence	• Certificate of Citizenship in non-US country • DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status) • I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status) • I-327 (Reentry Permit) • I-551 (Permanent Resident Card) • I-571 (Refugee Travel Document) • I-766 (Employment Authorization Card) • I-94 (Arrival/Departure Record) • I-94 (Arrival/Departure Record) in Unexpired Foreign Passport • Machine Readable Immigrant Visa (with Temporary I-551 Language) • Naturalization Certificate • Other Immigration Document • Temporary I-551 Stamp (on passport or I-94) • Unexpired Foreign Passport
Loss of Employment	• Employer Statement • Written Statement
NCP Good Cause	• Birth Record • Court Documents • Law Enforcement Records • Medical Record • Notarized Statement • Records showing reason for not cooperating with Medical Support Enforcement • Written statement from a public or licensed private social agency

Relationship	• Adoption Record
	• Birth Record
	• Paternity Records
	• Court Documents
	• Divorce Decree
	• Hospital Birth Record
	• Immigration Document (Government Issued)
	• Marriage License
	• Medical Record
	• Military Record
	• Naturalization Certificate
	• Notarized Statement
	• Passport
	• Public Health Record
	• Religious Record
	• School Record
	• Statement of Attending, Physician, or Midwife

Uploading Identity Verification Forms

Before completing the application process, individuals are asked to upload copies of verification forms. This occurs on the **Verification Results** screen after individuals have answered the initial eligibility questions and have entered the verification step of the application process. This screen is displayed on the following page.

↑ Overview	📁 Applications	$ Payments	📰 Plans & Programs	✉ Messages	👥 Assisters	⚙ Settings

Case Number **1971**

✓ Enter and Confirm Application

⊙ Review and Accept Eligibility

✓ Post eligibility questions

Verification screens

Eligibility Results

⊙ Select and Manage Plans

① **Enter and Confirm Application**   ② **Review and Accept Eligibility**   ③ Select and Manage Plans

Thank You

Thank you for completing your application.

Your case number is 1971. Please keep this number handy. We suggest you print a copy of your application, by clicking Print Application.

📄 Get **ADOBE READER**   **Print Application**

Verification Results

The chart below will tell you if we were able to confirm your answers on the application.

You and Your Dependents	Results of Verification	Requires More Proof	Examples of documents that can be used as proof (You only need to send 1 document for each area requiring proof)	Date Due
LOUIS	✗	US Citizenship	Adoption Record Affidavit from US citizen American Indian Card I-872 Birth Record Click Here to view full list	02/29/2016
LOUIS	✗	Social Security Number	Social Security Card OTHER	02/29/2016
LOUIS	✗	Incarceration status verification	Incarceration Discharge Record OTHER	02/29/2016
LOUIS	✗	APTC Income verification	Award Letter Court Documents Written Statement for Income or No Income Employer Statement Click Here to view full list	02/29/2016

> **Required verification documents for household members appear here.**

We will need Documents From You to Complete Verification

You have until the date listed to send us the documents. Please select how you would like to give us those documents (online, fax, mail or in person) below. We will review the documents, and let you know about your new verification status. If you do not know what document to provide or want to know more about the verification process, please click Get Help for Customer Service.

○ I will upload documents online right now.

○ I will fax in the documents to 502-573-2007 🖋 by date shown in the above table.

○ I will mail in the documents to 12 Mill Creek Park, Frankfort, KY 40601-9230 by the date shown in the above table.

○ I will deliver the documents in person to a local DCBS office by dates shown in the above table.

○ I will upload documents later. The upload process can be accessed by logging back into your account.

Remember your documents must be received by the due date shown in the above table.

> **Select when you would like to upload the required verification documents.**

Please note that kynect has 30 days to review your documents once they are submitted.

◄ Back   Next ►

Below is the screen that individuals see if they choose to upload documents at the same time that they submit their application. Verification forms must be submitted in PDF or TIFF format. They may not exceed 2 megabytes (MB). Individuals may also provide supporting comments to explain any documents that they choose to upload.

Select the **Document Type**, locate the file path using the **Browse** link, and add comments for each document you

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To upload identification forms outside of the application process, individuals must sign into their account to access the Individual Dashboard. They can then upload documents directly from the Individual Dashboard.

Click **Upload** on the Individual

Complete fields and upload

6. Ending or Changing Coverage

Ending Coverage

Individuals can submit a request to end coverage for Medicaid, and KCHIP directly through benefind.

To end coverage for an MCO, individuals must follow the below steps:
1. Log into KHBE account to access the Individual Dashboard
2. From there, click on View/Edit Enrollments to access the Enrollment Manager
3. Scroll down to the current enrollment. Click **Terminate MCO** to disenroll from your current plan.
4. You are taken to a warning screen that asks if you would like to confirm your MCO termination. Read the message and click **Confirm Stop Medicaid/KCHIP** to continue.
5. You will be taken to the **Disenrollment Date Selection** screen. On this screen, you can choose the date that you want your coverage to end. Note that you can only select a date that is 14 days or more from the current date. If you want a date that is less than 14 days from the current date, you must contact your issuer directly.
6. Click **Request to Disenroll**.
7. You will be taken to the **Request for Disenrollment Confirmation** screen. This screen provides you with a confirmation that the request has gone through as well as your effective date of disenrollment. You can then click to return to your Individual Dashboard.

Change Coverage

Individuals that are enrolled in MCOs can change their coverage in KHBE for the first 90 days that they are enrolled in a plan. After the first 90 days, however, they must contact the Department of Medicaid Services (DMS) in order to initiate what is known as the "disenrollment for cause" process. For more information on this process or for additional assistance from DMS, please visit http://chfs.ky.gov/dms/.